

Appendix M – ImpaCT Screenshots

SCREENS FOR HUSKY C AND MSP REFERRALS

Department of Social Services
ImpaCT

3 Alerts Recent Cases TWORKER 114
Hartford Logout

Task Management Search Interfaces **Application Registration** Data Collection Eligibility Determination

Register Application Search/Withdraw

Office Name: Hartford

QUICK JUMP

Case or Application #:
Action:

MY TASKS

Case/App#	Routing Document Name	Create Date	Status	Task Type	Program(s)	Processing Due Date
Go to Task Inbox						

ANNOUNCEMENTS

Date	Description

CASE INFO [A](#) [L](#)

Last Updated By
[Print \(w/ Preview\)](#)
[Page Help](#)
[View Documents](#)

SEARCH

APPLICATION ID

Tue August 23, 2016

Register Application Search/Withdraw

Register Application

APPLICATION INFORMATION

Date and Time Registered: 08/23/2016 12:14 PM

Application Received Date: 08 / 23 / 2016

Application Signed: YES

Signature Type: Paper

Method: Access Health CT

HEAD OF HOUSEHOLD

First: Daisy

Middle:

Last: Duck

Suffix:

Written Language: English

[reset](#)

[Continue](#)

APPLICATION INFO

STATUS:

APPLICATION RECEIVED DATE:

Last Updated By
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[Page Help](#)
[View Documents](#)

SEARCH

APPLICATION ID

Tue August 23, 2016

Register Application - Address

ADDRESS INFORMATION

Mailing address different than residential address?

RESIDENTIAL ADDRESS INFORMATION

No Home Address:

Address Format:* US Foreign Military

Address Line 1:*

Address Line 2:

City:*

State/Province:*

Zip/Postal Code:* -

In Care Of:

HOUSEHOLD CONTACT INFORMATION

Phone Details

Phone Type	Phone Number	Comments
+ Add	Page 1 of 0	Empty records

[reset](#)

Previous
Continue

APPLICATION INFO

STATUS:

APPLICATION RECEIVED DATE:
09/29/2016

Last Updated By
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SEARCH

APPLICATION ID

Thu October 06, 2016

Address Type: Residence Address

AC01: ZIP Code Change

Use the suggested address

Address Line 1: 1 Main St

Address Line 2:

City: East Hartford

State: CT

Zip code: 06118-3209

Use the address you entered

Address Line 1: 1 Main St

Address Line 2:

City: East Hartford

State: CT

Zip code: 06108-

Apply

Register Application
Search/Withdraw

Register Application - Type

APPLICATION TYPE

Is this an Application for Assistance?*

Is this a Spousal Assessment for a non-Medicaid applicant?*"

Has fee been paid?

[reset](#)

Previous
Next

APPLICATION INFO

T01119663

STATUS:
Registration Pending

APPLICATION RECEIVED DATE:
08/23/2016

Last Updated By
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SEARCH

APPLICATION ID

[Go](#)

Tue August 23, 2016

Register Individual - Individual

⚠️14000: No records found for this search criteria. Please change the search criteria and try again.

SEARCH INDIVIDUAL INFORMATION

SSN: - -

Client ID:

Search

INDIVIDUAL NAME

First:

Middle:

Last:*

Suffix:

DEMOGRAPHIC INFORMATION

Gender:*

Date of Birth: / /

Estimated:

SSN: - -

Unconfirmed SSN: - -

Spoken Language:

Interpreter Needed?:

APPLICATION INFO

STATUS:

APPLICATION RECEIVED DATE:

Last Updated By
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SEARCH

APPLICATION ID

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Tue August 23, 2016

OTHER INFORMATION

Do you want to create an alias or does an alias exist?

Does the individual have Social Security Claim Number (SSCN) or Railroad Retirement Number (RRN)?

Does the individual have an impairment?*

Is this individual requesting an accommodation?

Is there an authorized representative/SNAP shopper?

reset

File Clearance - Results

Potential matches for Joseph Brown 33M, 155-44-1300 (SSN), 05/23/1983 (DOB)

SSN Match - Review other demographic information.

	Name	Gender	SSN	SSN Verified By	Date of Birth	Date of Death	EMPI ID	Score	SSN Match	Co
+ ⊙	Joseph Brown	Male	155-44-1300	Client Statement	05/23/1983		1000032029	46	YES	I

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Do you wish to establish as a new individual?

APPLICATION INFO

T01124888

STATUS:

Registration Pending

APPLICATION RECEIVED

DATE:

10/11/2016

Print (w/ Preview)

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SEARCH

APPLICATION ID

Register Application Search/Withdraw

File Clearance - Results

AR12011: No potential matches found.

Potential matches for Daisy Duck 45F, 140-14-5555 (SSN), 07/01/1971 (DOB)

	Name	Gender	SSN	SSN Verified By	Date of Birth	Date of Death	EMPI ID	Score	SSN Match	Co
Empty records										

Page 1 of 0 | 10 | Empty records

Do you wish to establish as a new individual?

APPLICATION INFO

T01119663

STATUS:

Registration Pending

APPLICATION RECEIVED

DATE:

08/23/2016

Last Updated By

Print (w/ Preview)

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SEARCH

APPLICATION ID

Register Individual - Summary

HOH	Name	SSN	Date Of Birth	Gender	Alias Name(s)	Client ID
●	Daisy Duck 45F	140-14-5555	07/01/1971	Female		101017843

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Add Individual
Next

APPLICATION INFO

[T01119663](#)

STATUS:
Registration Pending

APPLICATION RECEIVED DATE:
08/23/2016

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SEARCH

APPLICATION ID

Tue August 23, 2016

Register Program - Program

FORM TYPE

Application Type:*

PROGRAMS REQUESTED

Cash:

SNAP:

Disaster Name:

Medical Assistance:

Is anyone applying for ahCT program:

Medicare Savings Programs:

CT Home Care Program for Elders (M03):

Social Work Services:

Application Received Date: 08/23/2016

Requested Start Date:* 08 / 23 / 2016

Requesting Aid	Individual Name	Individual Form Type *	Presumptive Group Type	Coverage Request Date	Retro-Medicaid Coverage		
					1 Month Prior	2 Months Prior	3 Months Prior
<input checked="" type="checkbox"/>	Daisy Duck 45F	W-1E		08 / 23 / 2016	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Click to select all household members

Previous
Cancel
Add Program
Next

APPLICATION INFO

[T01119663](#)

STATUS:
Registration Pending

APPLICATION RECEIVED DATE:
08/23/2016

Last Updated By
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SEARCH

APPLICATION ID

Tue August 23, 2016

Register Program - Summary

Program	Requested Start Date	Individuals	Coverage Request Date	Expedited SNAP
Medical Assistance	08/23/2016	Daisy Duck 45F	08/23/2016	N/A

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[Add Program](#)
[Next](#)

APPLICATION INFO

[T01119663](#)

STATUS:
Registration Pending

APPLICATION RECEIVED DATE:
08/23/2016

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SEARCH

APPLICATION ID

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Tue August 23, 2016

[Register Application](#)
[Search/Withdraw](#)

Register Application - Summary

APPLICATION SUMMARY

Current Head of Household: Daisy Duck 45F
 Expedited: N/A
 Application Signed: YES

Household Members Summary

Name	SSN	Client ID	Date of Birth	Program	Alias Name(s)
Daisy Duck 45F	140-14-5555	101017843	07/01/1971	Medical Assistance	

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Would you like to continue to Data Collection?*

[Previous](#)
[Submit](#)

APPLICATION INFO

[T01119663](#)

STATUS:
Registration Pending

APPLICATION RECEIVED DATE:
08/23/2016

[Last Updated By](#)
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SEARCH

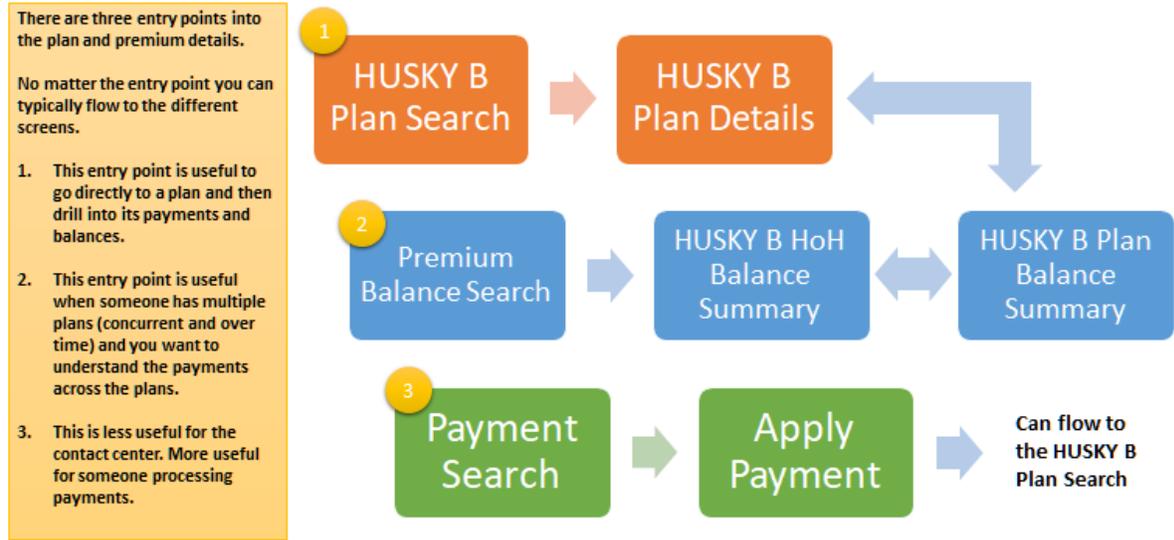
APPLICATION ID

[Go](#)

Tue August 23, 2016

SCREENS FOR PREMIUM SUPPORT

HIX/Tier-1 Training ImpaCT HUSKY B screen flows



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HIX/Tier-1 Training ImpaCT – HUSKY B Plan Search

1 HUSKY B - Search

First:

Last:

Client ID:

Case #:

EDG #:

Plan ID:

Logical Plan ID:

Plan Start Date: / /

Plan End Date: / /

PLAN SEARCH RESULTS

Plan Search Results								
Name	Client ID	Case #	EDG #	Plan ID	Logical Plan ID	Program	Plan Start Date	Plan End Date
Jack Skywalker 6M	402006713	200002408	500023996	3130	3130	HUSKY B - Band 2	10/01/2017	01/31/2018

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- It is possible to search for a member’s plan directly and then drill into it to see other members, and from there their financial details.

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HIX/Tier-1 Training
ImpaCT – HUSKY B Plan Details

1 HUSKY B Plan - Details

PLAN INFORMATION

Plan ID: 3130
 Logical Plan ID: 3130
 Start Date: 10/01/2017
 End Date: 01/31/2018
 Premium Liability: * \$30.00
 Initial Max Out of Pocket: * \$3000.00
 Max Out of Pocket Met:
 Max Out of Pocket Met Date:
 Initial Premium Status (Plan): Delinquent

ENROLLMENT INFORMATION

Name	Client ID	EDG #	Program Code	Enrollment Start Date *	Enrollment End Date	Initial Premium Required	Enrollment Status
Jack Skyyva Iker 6M	402006713	500023996	HUSKY B - Band 2		01/31/2018	Yes	Ineligible

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Previous Cancel Submit Plan Balance

- The plan details screen showing members, etc.
- Notice how it is possible to click on “Plan Balance” and flow into the financial details.

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HIX/Tier-1 Training
ImpaCT – Premium Balance Search

2 Premium Balance Search

SEARCH CRITERIA

Type of Assistance: * S05
 Head of Household/Client ID: 402006920
 First Name:
 Last Name:
 Plan ID:
 Logical Plan ID:

reset

Search

Type of Assistance	Head of Household/Client ID	Name
S05	402006920	Paul Smith 52M

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- An alternative approach is to open the Premium Balance Search screen.
- Clicking the edit icon will open the HUSKY B payment details for the head of household.

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HIX/Tier-1 Training
ImpaCT – HUSKY B HoH Balance Summary

2 **HUSKY B HoH Balance Summary**

Head of Household Client ID: 402006712
 Head of Household Name: James Skywalker 28M

Logical Plan ID	Plan ID	Amount Due	Plan Start Date	Plan End Date
3129	3129	\$0.00	10/01/2017	09/30/2018
3130	3130	\$0.00	10/01/2017	01/31/2018

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Back

- This shows the different plans and balances for the person.
- The plans in the example show that there are 3 logical plan streams. One plan is a renewal of another (same logical plan ID).
 - The data is test data and doesn't make as much sense as real production data.
- Clicking on the pencil edit icon opens the balance details for that plan.

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HIX/Tier-1 Training
ImpaCT – HUSKY B Balance Summary

2 **HUSKY B Balance Summary**

PLAN INFORMATION

Plan ID: 3130
 Logical Plan ID: 3130
 Plan Start Date: 10/01/2017
 Plan End Date: 01/31/2018
 American Indian / Alaska Native Plan?: NO
 Initial Premium Required(Plan): Yes
 Initial Premium Status(Plan): Delinquent
 Total Amount Paid: \$0.00
 Due Amount: \$0.00
 Max Out of Pocket Met: NO
 Max Out of Pocket Met Date: MM / DD / YYYY

MONTHLY BALANCE

Service Month	Premium Amount	State Premium	Amount Paid in Service Month	Reimbursement	Overhead Adjustment	Balance
02/2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/2018	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12/2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11/2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10/2017	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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PREMIUM PAYMENTS

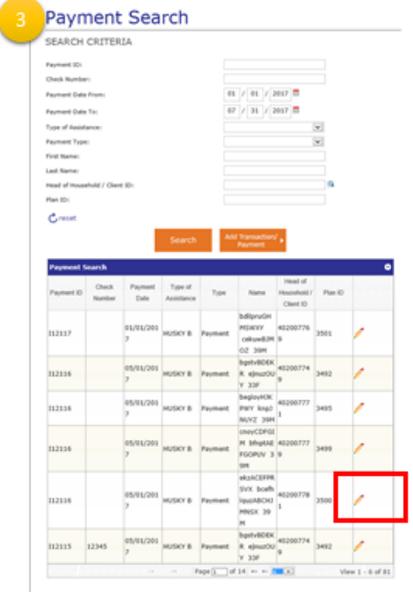
Payment ID	Check Number	Payment Date	Amount Received	Amount Allocated	Type
Empty records					

Cancel Back View Plan Save

- This shows the details of the payments and balances for this plan.
- Clicking “View Plan” will open the HUSKY B Plan viewing screen, i.e., members.

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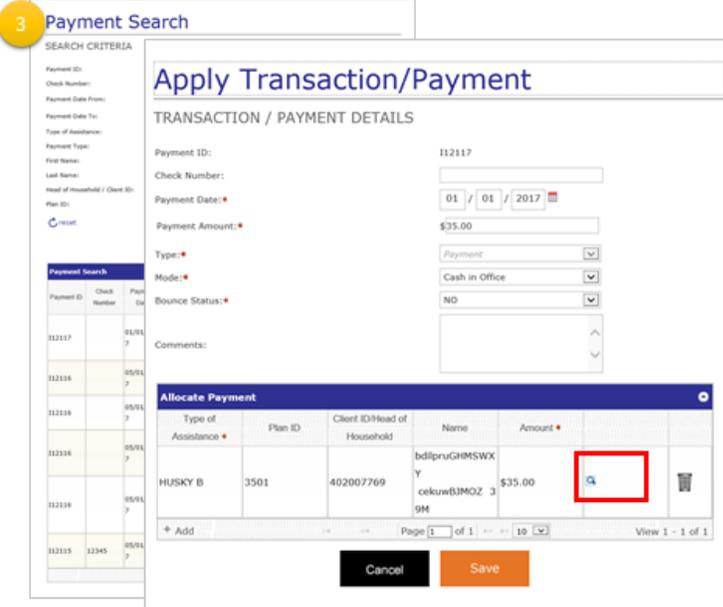
HIX/Tier-1 Training
ImpaCT – Payment Search



- It is possible to check explicitly whether a premium payment has been received and processed.
- This screen is typically good enough to reassure a caller that their payment was received.
- Clicking the edit symbol opens the details of the payment.

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HIX/Tier-1 Training
ImpaCT – Payment Search



- Clicking the edit symbol opens the details of the payment.
- This shows how a single check could be allocated across multiple months and even plans.
- The magnifying glass icon opens up the HUSKY B plan search screen.

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SCREENS FOR SPEND-DOWN EXPENSE SUPPORT

MEDICAL EXPENSE SCREEN



0
Alerts

Recent Cases

FRANCIS ROBA
 Central Office
[Logout](#)

- Task Management
- Search
- Interfaces
- Application Registration
- Data Collection
- Eligibility Determination
- Third Party Functions

- Medical Expense
- Insurance Policy Information

Medical Expenses - Summary

CSCD	Individual incurring expense	Date of Service	Type	Source	Frequency	Amount Due per Frequency	Bill Status	Expense Termination Date	
03/01/2017	[REDACTED] 67F	03/16/2016	Medical/Hospital Care	AMERICAN MEDICAL RESPONSE	One-Time Only	\$ 1,294.68	Unpaid	03/31/2017	
03/01/2017	[REDACTED] 67F	07/06/2016	Medical/Hospital Care	CHS	One-Time Only	\$ 300.00	Unpaid	03/31/2017	

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Add Medical Expenses

CASE INFO

CLIENT ID:
[REDACTED]

CASE #:
[REDACTED]

CASE STATUS:
Approved

CASE ACTION:

- [Case Notes-Create](#)
- [Case Notes-View](#)
- [Print \(w/ Preview\)](#)
- [Page Help](#)
- [View Documents](#)

SEARCH

APPLICATION ID

Mon October 01, 2018

SPEND-DOWN MEDICAL EXPENSE OVERRIDE SCREEN

MA - Spend-down Override - Details

EDG INFORMATION

Case#: ██████████
EDG #: ██████████
Head of Household: ██████████ BENTON
Program Category: Medical Assistance
Program: MA-S99- ABD Spend-down
Eligibility Status: Approved
Authorization Status: Authorized
Renewal Due Date: 06/30/2019
Certification Period: 07/01/2018-06/30/2019

DETAILS

Spend-down Start Date: 07/01/2018
Spend-down End Date: 12/31/2018
Spend Down Amount: \$2141.95
Projected Facility Rate: \$0.00
Remaining Spend-down Amount: \$2141.95
Spend-down Status: Inactive
Effective Date of Coverage: MM / DD / WYY

BILLS USED TO ACTIVATE SPEND-DOWN

Individual Name	Medical Expense Type	Source	Date Of Service	Date Bill Paid	Total Bill Amount	Bill Status	Payable by Medicaid
Page 1 of 0 10							
Empty records							

BILLS NOT USED TO ACTIVATE ANY SPEND-DOWN

Individual Name	Medical Expense Type	Source	Date Of Service	Date Bill Paid	Total Bill Amount	Bill Status	Payable by Medicaid	Select Bill
██████████	Medical/Hospital Care	AMERICAN MEDICAL RESPONSE	03/16/2016	03/16/2016	1294.68	Unpaid	YES	<input type="checkbox"/>
██████████ BENTON	Medical/Hospital Care	CHS	07/06/2016	07/06/2016	300.00	Unpaid	YES	<input type="checkbox"/>
Page 1 of 1 10								
View 1 - 2 of 2								